

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90096 017 \*\*\*\*61.25

**DOCUMENT # N40395**

1. Entity Name

**FLORIDA NARCOLEPSY ASSOCIATION, INC.**

Principal Place of Business

**2631 59TH ST  
 SARASOTA FL 34243  
 US**

Mailing Address

**P O BOX 15352  
 SARASOTA FL 34277  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3033120**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**GRETSMAN, NORMA L  
 2631 59TH ST  
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name **Cikovic, Marion L.**

Street Address (P.O. Box Number is Not Acceptable)

**2631 59th St**

City

**Sarasota**

**FL**

Zip Code

**34243**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Marion L. Cikovic Vice President**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**04/02/01**  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees.**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete  
 NAME **GOETTMAN, NORMA L**  
 STREET ADDRESS **5104 43RD AVE W.**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ Delete  
 NAME **BETTS, MARY**  
 STREET ADDRESS **10457 COOPERWOOD DR.**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ Delete  
 NAME **FAY, ROBERT**  
 STREET ADDRESS **16211 2ND ST. E.**  
 CITY-ST-ZIP **REDINGTON BEACH FL**

TITLE **D** ☒ Delete  
 NAME **GOETTMANN, ROBERT**  
 STREET ADDRESS **5104 43RD AVE. W.**  
 CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ Delete  
 NAME **RHODES, RON**  
 STREET ADDRESS **3773 WAKE AVE.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete  
 NAME **CIKOVIC, FRANK C**  
 STREET ADDRESS **2631 59TH ST**  
 CITY-ST-ZIP **SARASOTA FL 34243**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PP** ☐ Change ☒ Addition  
 NAME **Horn, Paul C.**  
 STREET ADDRESS **5611 Bayshore Rd; Lot 16**  
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **VST** ☐ Change ☒ Addition  
 NAME **Cikovic, Marion L.**  
 STREET ADDRESS **2631 59th St.**  
 CITY-ST-ZIP **Sarasota, FL 34243-2439**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marion L. Cikovic**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/02/01**  
 Date

**94-355-5359**  
 Daytime Phone #

CR2E037 (10/00)